

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032204

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4379

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 20 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in lb <b>50 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Linwood Nursing Home</b> <b>1900 Linwood Blvd.</b>		d. STREET ADDRESS (If outside, give location) <b>3240 Harrison</b>	
3. NAME OF DECEASED (Type or print) First <b>FRANCES</b> Middle <b>M</b> Last <b>DETROY</b>		4. DATE OF DEATH Month <b>8</b> Day <b>3</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-20-1890</b>
9. AGE (last birthday) <b>72 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurses Aid</b>	
10a. KIND OF BUSINESS OR INDUSTRY <b>Hospitals</b>		11. BIRTHPLACE (City and state or country) <b>Webb City, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Thomas Berel Dubre</b>	
13b. MOTHER'S MAIDEN NAME <b>Rose Elizabeth Campbell</b>		14. NAME OF HUSBAND OR WIFE <b>Edward C. Detroy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT <b>Mrs. Lillian Wood - Pawtucket, R. I.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY Occlusion</b> DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Arterio Sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>6 years</b> <b>8 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>10-28-62</b> to <b>8-3-63</b> and last saw <b>her</b> alive on <b>8-3-63</b>		
21. I attended the deceased from <b>10-28-62</b> to <b>8-3-63</b> and last saw <b>her</b> alive on <b>8-3-63</b> Death occurred at <b>1:25 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>8-3-63</b>	
23a. SIGNATURE <b>Frank Paul Laurencz</b> (Degree or title)		23b. ADDRESS <b>428 S. White Ave</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Crematory</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
23e. FUNERAL DIRECTOR <b>WEILERT FUNERAL HOMES (S) K.C., MO.</b>		23f. DATE RECD. BY LOCAL REG. <b>8-6-63</b>	
23g. REGISTER'S SIGNATURE <b>Keith Long</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
Frank Paul Laurencz  
Medical Certification

PL

~~0-167~~ \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_

Signed Jack H. White

Licensed Embalmer No. 9729

P. O. Address Sample No

If this body is not embalmed, fact should be so stated above.